



07-02-01

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PTO/SB/05 (4/98)  
Approved for use through 09/30/2000. OMB 0651-0032  
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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## UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))

Attorney Docket No | EFIM0260

First Inventor or Application Identifier | Blumer

Title | Digital Pulse Width Modulator for Use in Electrostatic...

Express Mail Label No. | EL816158913US



<b>APPLICATION ELEMENTS</b> <small>See MPEP chapter 600 concerning utility patent application contents.</small>		<b>ADDRESS TO:</b> Assistant Commissioner for Patents Box Patent Application Washington, DC 20231															
<p>1. <input checked="" type="checkbox"/> * Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)</p> <p>2. <input checked="" type="checkbox"/> Specification [Total Pages 13] (preferred arrangement set forth below)           <ul style="list-style-type: none"> <li>- Descriptive title of the Invention</li> <li>- Cross References to Related Applications</li> <li>- Statement Regarding Fed sponsored R &amp; D</li> <li>- Reference to Microfiche Appendix</li> <li>- Background of the Invention</li> <li>- Brief Summary of the Invention</li> <li>- Brief Description of the Drawings (if filed)</li> <li>- Detailed Description</li> <li>- Claim(s)</li> <li>- Abstract of the Disclosure</li> </ul> </p> <p>3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 3]</p> <p>4. Oath or Declaration [Total Pages 2]           <ul style="list-style-type: none"> <li>a. <input checked="" type="checkbox"/> Newly executed (original or copy)</li> <li>b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63(d)) (for continuation/divisional with Box 16 completed)               <ul style="list-style-type: none"> <li>i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).</li> </ul> </li> </ul> </p>																	
<p>5. <input type="checkbox"/> Microfiche Computer Program (Appendix)</p> <p>6. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)           <ul style="list-style-type: none"> <li>a. <input type="checkbox"/> Computer Readable Copy</li> <li>b. <input type="checkbox"/> Paper Copy (identical to computer copy)</li> <li>c. <input type="checkbox"/> Statement verifying identity of above copies</li> </ul> </p>																	
<b>ACCOMPANYING APPLICATION PARTS</b> <ul style="list-style-type: none"> <li>7. <input checked="" type="checkbox"/> Assignment Papers (cover sheet &amp; document(s))</li> <li>8. <input checked="" type="checkbox"/> 37 C.F.R. § 3.73(b) Statement <input checked="" type="checkbox"/> Power of Attorney</li> <li>9. <input type="checkbox"/> English Translation Document (if applicable)</li> <li>10. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</li> <li>11. <input type="checkbox"/> Preliminary Amendment</li> <li>12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)</li> <li>13. <input type="checkbox"/> Small Entity Statement(s) <input type="checkbox"/> Statement filed in prior application, (PTO/SB/09-12) <input type="checkbox"/> Status still proper and desired</li> <li>14. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)</li> <li>15. <input type="checkbox"/> Other: ..... .....</li> </ul>																	
<p><b>* NOTE FOR ITEMS 1 &amp; 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).</b></p>																	
<p>16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment.</p> <p><input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No: _____</p> <p>Prior application information Examiner Group / Art Unit: _____</p> <p>For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which any oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.</p>																	
<p><b>17. CORRESPONDENCE ADDRESS</b></p> <table border="1"> <tr> <td><input checked="" type="checkbox"/> Customer Number or Bar Code Label</td> <td>22862</td> <td>or <input type="checkbox"/> Correspondence address below <small>(Insert Customer No. or Attach bar code label here)</small></td> </tr> <tr> <td>Name</td> <td colspan="2"></td> </tr> <tr> <td>Address</td> <td colspan="2"></td> </tr> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Country</td> <td>Telephone</td> <td>Fax</td> </tr> </table>			<input checked="" type="checkbox"/> Customer Number or Bar Code Label	22862	or <input type="checkbox"/> Correspondence address below <small>(Insert Customer No. or Attach bar code label here)</small>	Name			Address			City	State	Zip Code	Country	Telephone	Fax
<input checked="" type="checkbox"/> Customer Number or Bar Code Label	22862	or <input type="checkbox"/> Correspondence address below <small>(Insert Customer No. or Attach bar code label here)</small>															
Name																	
Address																	
City	State	Zip Code															
Country	Telephone	Fax															
<table border="1"> <tr> <td>Name (Print/Type)</td> <td>Michael A. Glenn</td> <td>Registration No. (Attorney/Agent)</td> <td>30,176</td> </tr> <tr> <td>Signature</td> <td colspan="2"></td> <td>Date 6/29/01</td> </tr> </table>			Name (Print/Type)	Michael A. Glenn	Registration No. (Attorney/Agent)	30,176	Signature			Date 6/29/01							
Name (Print/Type)	Michael A. Glenn	Registration No. (Attorney/Agent)	30,176														
Signature			Date 6/29/01														

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.



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# FEE TRANSMITTAL for FY 1999

Patent fees are subject to annual revision

Small Entity payments must be supported by a small entity statement,  
otherwise large entity fees must be paid. See Forms PTO/SB/09-12  
See 37 CFR §§ 1.27 and 1.28

TOTAL AMOUNT OF PAYMENT (\$ 786.00)

*Complete if Known*

Application Number	Unassigned
Filing Date	Herewith
First Named Inventor	Blumer
Examiner Name	Unassigned
Group / Art Unit	Unassigned
Attorney Docket No.	EFIM0260

## METHOD OF PAYMENT (check one)

1.  The Commissioner is hereby authorized to charge indicated fees and credit any over payments to

Deposit Account Number 05-0770

Deposit Account Name Electronics for Imaging

 Charge Any Additional Fee Required  
Under 37 CFR §§ 1.16 and 1.172.  Payment Enclosed: Check     Money     Other

## FEE CALCULATION

## 1. BASIC FILING FEE

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	Fee Code (\$)		
101 760	201 380	Utility filing fee		710.00	
106 310	206 155	Design filing fee			
107 480	207 240	Plant filing fee			
108 760	208 380	Reissue filing fee			
114 150	214 75	Provisional filing fee			
SUBTOTAL (1)		(\$ 710.00)			

## 2. EXTRA CLAIM FEES

	Extra Claims	Fee from below	Fee Paid
Total Claims	22 - 20** = 2	18.00	36.00
Independent Claims	2 - 3** = 0	80.00	0.00
Multiple Dependent			

\*or number previously paid, if greater; For Reissues, see below

## Large Entity Small Entity

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)	Fee Code (\$)	Fee Code (\$)		
103 18	203 9	Claims in excess of 20			
102 78	202 39	Independent claims in excess of 3			
104 260	204 130	Multiple dependent claim, if not paid			
109 78	209 39	** Reissue independent claims over original patent			
110 18	210 9	** Reissue claims in excess of 20 and over original patent			
SUBTOTAL (2)		(\$ 36.00)			

## 3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
105 130	205 65	Surcharge - late filing fee or oath			
127 50	227 25	Surcharge - late provisional filing fee or cover sheet			
139 130	139 130	Non-English specification			
147 2,520	147 2,520	For filing a request for reexamination			
112 920*	112 920*	Requesting publication of SIR prior to Examiner action			
113 1,840*	113 1,840*	Requesting publication of SIR after Examiner action			
115 110	215 55	Extension for reply within first month			
116 380	216 190	Extension for reply within second month			
117 870	217 435	Extension for reply within third month			
118 1,360	218 680	Extension for reply within fourth month			
128 1,850	228 925	Extension for reply within fifth month			
119 300	219 150	Notice of Appeal			
120 300	220 150	Filing a brief in support of an appeal			
121 260	221 130	Request for oral hearing			
138 1,510	138 1,510	Petition to institute a public use proceeding			
140 110	240 55	Petition to revive - unavoidable			
141 1,210	241 605	Petition to revive - unintentional			
142 1,210	242 605	Utility issue fee (or reissue)			
143 430	243 215	Design issue fee			
144 580	244 290	Plant issue fee			
122 130	122 130	Petitions to the Commissioner			
123 50	123 50	Petitions related to provisional applications			
126 240	126 240	Submission of Information Disclosure Stmt			
581 40	581 40	Recording each patent assignment per property (times number of properties)			
146 760	246 380	Filing a submission after final rejection (37 CFR § 1.129(a))			
149 760	249 380	For each additional invention to be examined (37 CFR § 1.129(b))			
Other fee (specify) _____					
Other fee (specify) _____					
SUBTOTAL (3)		(\$ 40.00)			

\* Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 40.00)

## SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Michael A. Glenn	Registration No. (Attorney/Agent)	30,176	Telephone	650-474-8400
Signature				Date	6/29/01

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